

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **April 1-15, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

California
Clearinghouse
fax: 916-323-3018

2. DATE SUBMITTED 07/31/2003	Applicant Identifier 03-424	
	3. DATE RECEIVED BY STATE	State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier A 009019-03-0

5. APPLICANT INFORMATION

Legal Name: Santa Barbara County Air Pollution Control District

Organizational Unit: Air Pollution Control District

Address (give city, county, state, and zip code):

26 Castilian Drive, B-23

P O Box 8120

Goleta, CA 93118

P.O. Box 6447
Santa Barbara, CA 93160-6447
DUNS: 799440722

Name and telephone number of the person to be contacted on matters involving this application (give area code)

John M. Nicholas, (805) 961-8854

Terrence Dressler - 805-961-8800 per

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

[7][7]-[0][3][8][4][1][6][7]

7. TYPE OF APPLICANT: (enter appropriate letter in box) [B]

L. Alexander
4/14/04

8. TYPE OF APPLICATION: [X] New [] Continuation [] Revision

If Revision, enter appropriate letter(s) in box(es): [] []

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (specify):

9. NAME OF FEDERAL AGENCY: Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

[6][6]-[0][0][1]

TITLE: Air Pollution Control Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Air Pollution Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc):
Santa Barbara County

13. PROPOSED PROJECT:

Start Date
10-01-03

Ending Date
09-30-04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
Santa Barbara County

b. Project
Santa Barbara County

15. ESTIMATED FUNDING:

a. FEDERAL	\$	494,297
b. APPLICANT	\$	3,906,495
c. STATE		103,260
d. LOCAL	\$.00
e. OTHER	\$.00
f. PROGRAM INCOME	\$.00
g. TOTAL	\$	4,504,052

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES: THIS PREAPPLICATION/APPLICATION WAS DATE

b. NO:

[] OR PROGRAM HAS NOT BEEN SELECTED BY

John Nicholas resigned; Doug Allard retired
Terrence Dressler is APC Director
see letters from L. Alexander w/ checklist.

f. PROGRAM INCOME \$.00

g. TOTAL \$ 4,504,052

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
[] YES. IF "YES" ATTACH AN EXPLANATION. [X] NO.Per
4/14/04

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative
John M. Nicholasb. Title
Business Managerc. Telephone number
(805) 961-8854

d. Signature of Authorized Representative

e. Date Signed

7/31/03

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 20, 2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: <u>Shadow Acres Mutual Water Co. Inc.</u> Address (give city, county, State, and zip code): <u>P.O. Box 900669</u> <u>Palmdale, Ca. (LA County) 93551</u>		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): <u>John Grimm 818-554-4694</u>																												
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>95-3502032</u>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non Profit Corp.</u> </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> N </div>																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): 	9. NAME OF FEDERAL AGENCY: <u>U.S.D.A. Rural Development</u>																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>10-766</u> TITLE:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Mutual water system upgrades. Engineering, new well, pump, well site blending, electrical upgrades & emergency generator.</u>																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Palmdale, L.A. County, Calif.</u>		13. PROPOSED PROJECT <u>System Upgrades</u>																												
14. CONGRESSIONAL DISTRICTS OF: <u>Thirty Sixth District</u>		a. Applicant <u>5-03</u> <u>6-05</u>																												
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:20%; text-align: right;">447,450⁰⁰</td> <td style="width:10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">50,000⁰⁰</td> <td></td> </tr> <tr> <td>c. State</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">497,450⁰⁰</td> <td></td> </tr> </table>		a. Federal	\$	447,450 ⁰⁰		b. Applicant	\$	50,000 ⁰⁰		c. State				d. Local	\$.00		e. Other	\$.00		f. Program Income	\$.00		g. TOTAL	\$	497,450 ⁰⁰		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	447,450 ⁰⁰																												
b. Applicant	\$	50,000 ⁰⁰																												
c. State																														
d. Local	\$.00																												
e. Other	\$.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	497,450 ⁰⁰																												
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																												
a. Type Name of Authorized Representative <u>John Eric Grimm</u>	b. Title <u>Director</u>	c. Telephone Number <u>818-554-4694</u>																												
d. Signature of Authorized Representative <u>[Signature]</u>		e. Date Signed <u>3-20-04</u>																												

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 29, 2004	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Lindsay		Organizational Unit: Department:	
Organizational DUNS: 004953261		Division:	
Address: Street: 251 E. Honolulu City: Lindsay County: Tulare State: CA Zip Code: 93247		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Scot Middle Name: B. Last Name: Townsend Suffix:	
Country: USA		Email: scotbtownsend@lindsay.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000357		Phone Number (give area code) 559-562-7103	Fax Number (give area code) 559-562-7100
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C - Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-769		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lindsay, Tulare County, California, USA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Address: 104 Apia, Lindsay, CA - APN # 205-235-014 Required off-site improvements to assist in business property development.	
13. PROPOSED PROJECT Start Date: Oct. 2004 Ending Date: Feb. 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal USDA	\$ 44,266	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/29/04	
b. Applicant	\$ 15,500	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 59,766		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Scot	Middle Name B.	
Last Name Townsend	Suffix		
b. Title City Manager	c. Telephone Number (give area code) 559-562-7103		
d. Signature of Authorized Representative	e. Date Signed March 26, 2004		

RECEIVED
APR 14 2004
STATE CLEARING HOUSE

Standard Form 424 (Rev 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR OMB FEDERAL ASSISTANCE		2. DATE SUBMITTED 4/11/2004	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Maria Steele		Organizational Unit: Creative Menu Designs	
Address (give city, county, State, and zip code): 2000 W. Glenoaks Ave # 78 Anaheim CA 92801 United States		Name and telephone number of person to be contacted on matters involving this application (give area code) Maria Steele 714-366-3885	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 60-9102849		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> L A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award D. Decrease Duration C. Increase Duration Other(specify):		9. NAME OF FEDERAL AGENCY: Grants Coordination State Clearinghouse / Office of Planning & Research	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-550 TITLE: Public Telecommunications Facilities Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New Business Equipments, Advertismint, Office space and more	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) : anaheim, Orange County California		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 14 2004 STATE CLEARINGHOUSE </div>	
13. PROPOSED PROJECT			
Start Date 4/11/2004	Ending Date 4/11/2004	14. CONGRESSIONAL DISTRICTS OF: a. Applicant Orange County b. Project Anaheim	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 15,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/11/2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 1237 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW.	
b. Applicant	\$		
c. State	\$ 15,000.00		
d. Local	\$		
e. Other	\$ 10,000.00		
f. Program Income	\$		
g. TOTAL	\$ 40,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes", attach an explanation.)	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Maria Steele		b. Title Owner	c. Telephone Number 714-366-3885
d. Signature of Authorized Representative			e. Date Signed

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier State Application Identifier Federal Identifier																													
5. APPLICANT INFORMATION Legal Name: CSU, Chico Research Foundation Organizational DUNS: 61-217-7162 Address: Street: Kendall Hall, Room 114 City: Chico County: Butte State: CA Zip Code 95929-0870 Country:		Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Dan Middle Name Last Name Ripke Suffix: Email: dripke@csuchico.edu Phone Number (give area code) 530-898-4598 Fax Number (give area code) 530-898-4734																															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 - 0386518		7. TYPE OF APPLICANT: (See back of form for Application Types) <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)																															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: USDA																															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: - 10.769 TITLE (Name of Program): Rural Development Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Center for Economic Development Northern California Entrepreneur Development Program																															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 17 county region of Northern California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant second b. Project																															
13. PROPOSED PROJECT Start Date: 07/01/04 Ending Date: 06/30/05		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																															
15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">150,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td></td> <td style="text-align: right;">15,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">165,000</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	150,000	.00	b. Applicant		15,000	.00	c. State	\$.00	.00	d. Local	\$.00	.00	e. Other	\$.00	.00	f. Program Income	\$.00	.00	g. TOTAL	\$	165,000	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Federal	\$	150,000	.00																														
b. Applicant		15,000	.00																														
c. State	\$.00	.00																														
d. Local	\$.00	.00																														
e. Other	\$.00	.00																														
f. Program Income	\$.00	.00																														
g. TOTAL	\$	165,000	.00																														
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																	
a. Authorized Representative Prefix First Name Jeff Middle Name Last Name Wright Suffix b. Title Director, Office of Sponsored Programs c. Telephone Number (give area code) (530) 898-5700 d. Signature of Authorized Representative e. Date Signed 3/26/04																																	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 9, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: Experience Works, Inc.	Organizational Unit: Experience Works, Inc.
Address (give city, county, State, and zip code): 2200 Clarendon Blvd., Suite 1000 Arlington, VA 22201	Name and telephone number of person to be contacted on matters involving this application (give area code) Andrea J. Wooten, 703-522-7272

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 5 2 — 0 8 1 7 9 5 5

7. TYPE OF APPLICANT: (enter appropriate letter in box) N

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) <u>Private Non-profit</u>

8. TYPE OF APPLICATION:
☐ New ☒ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 US Dept. of Labor, ETA Division, Older Worker Division

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 1 7 — 2 3 5
 TITLE: Senior Community Service Employment Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Senior Community Service Employment Program (SCSEP), "This project will provide subsidized, part-time opportunities in community service employment for low income persons age 55 and over".

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Multiple Counties - See Section III - Geographic Areas to be Served

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/04	Ending Date 6/30/05	a. Applicant	b. Project

15. ESTIMATED FUNDING:

a. Federal	\$	85,995,795 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	9,555,088 ⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	95,550,883 ⁰⁰

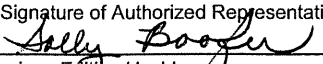
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 04/09/04

b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Sally Boofor	b. Title Director of Program Operations	c. Telephone Number (703) 522-7272
d. Signature of Authorized Representative 		e. Date Signed 4/8/04

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Application Construction <input type="checkbox"/> Application Non-Construction		4-15-04	
<input type="checkbox"/> Preapplication Construction <input type="checkbox"/> Preapplication Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
			CH11189
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
Adventist Health System/West		Information Systems	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Roseville Placer County, California 95661		Linda McCray (916-781-4602)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
95-3484589		<input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input checked="" type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) <u>NFP Healthcare Corporation</u>	
8. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Department of Energy	
If Revision, enter appropriate letter(s) in box(es)			
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
Office of Science TITLE: Financial Assistance Program		Transforming Patient Care Through Information Technology	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
Roseville (Placer County) CA.			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
7-1-2004	6-30-2005	4	4
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 483,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$	DATE 04/14/04	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12972	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 483,000	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative		c. Telephone Number	
Donald R. Ammon		916-781-4725	
b. Title		e. Date Signed	
President & CEO		4-9-04	
d. Signature of Authorized Representative			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 9, 2004	Applicant Identifier State Application Identifier N / A Federal Identifier																												
5. APPLICANT INFORMATION																															
Legal Name: Senior Service America, Inc.		Organizational Unit: Department: Senior AIDES Program																													
Organizational DUNS: 84-985-4310		Division:																													
Address: Street: 8403 Colesville Road, Suite 1200 City: Silver Spring County: Montgomery County State: MD Zip Code: 20910 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Anthony Middle Name: R. Last Name: Sarmiento Suffix: Email: tsarmien@ssa-i.org Phone Number (give area code): 301/578-8469 Fax Number (give area code): 301/578-8947																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 52-6048236		7. TYPE OF APPLICANT: (See back of form for Application Types) N Other (specify) nonprofit 501(c)(3)																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: US Department of Labor - ETA																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Senior Community Service Employment Program 17-235		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Senior AIDES Program: To promote part-time service opportunities in community activities for unemployed low-income persons 55 and older; foster individual economic self-sufficiency; and increase the number of seniors to enjoy the benefits of unsubsidized employment.																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 23 states and the District of Columbia (see attached)		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4th - MD b. Project see attached																													
13. PROPOSED PROJECT Start Date: 07/01/04 Ending Date: 06/30/05		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 04/09/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																													
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:40%;">50,134,721</td> <td style="width:10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>5,570,525</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>55,705,246</td> <td>.00</td> </tr> </table>		a. Federal	\$	50,134,721	.00	b. Applicant	\$	5,570,525	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	55,705,246	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	50,134,721	.00																												
b. Applicant	\$	5,570,525	.00																												
c. State	\$.00																												
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e. Other	\$.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	55,705,246	.00																												
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a. Authorized Representative Prefix: Mr. First Name: Anthony Middle Name: R. Last Name: Sarmiento Suffix: b. Title: Executive Director c. Telephone Number (give area code): 301/578-8469 d. Signature of Authorized Representative e. Date Signed: 4/9/04																															

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/6/04	Applicant Identifier	
		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION																															
Legal Name: RECLAMATION DISTRICT #768		Organizational Unit: Department: N/A																													
Organizational DUNS: N/A		Division: N/A																													
Address: Street: 4150 OLD SAMOA ROAD		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: MARK																													
City: ARCATA		Middle Name STEVEN																													
County: HUMBOLDT		Last Name ANDRE																													
State: CA	Zip Code 95521	Suffix:																													
Country: U.S.A.		Email: mandre@arcatacityhall.org																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">01-0810375</div>		Phone Number (give area code) (707) 825-2154 or (707) 822-8184	Fax Number (give area code) (707) 822-8018																												
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;">10-766</div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: REPAIR DAMAGES TO BAY FRONT LEVEE THAT PROTECTS SEVERAL THOUSAND ACRES OF AGRICULTURAL LANDS.																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): ARCATA, HUMBOLDT COUNTY, CALIFORNIA		9. NAME OF FEDERAL AGENCY: RURAL HOUSING SERVICE																													
13. PROPOSED PROJECT Start Date: 8/1/04 Ending Date: 8/1/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant MIKE THOMPSON, CA DIST. #1 b. Project MIKE THOMPSON, CA DIST. #1																													
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td>a. Federal</td> <td>\$</td> <td>100,000</td> <td>00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>50,000</td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>150,000</td> <td>00</td> </tr> </table>		a. Federal	\$	100,000	00	b. Applicant	\$	50,000	00	c. State	\$		00	d. Local	\$		00	e. Other	\$		00	f. Program Income	\$		00	g. TOTAL	\$	150,000	00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/6/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	100,000	00																												
b. Applicant	\$	50,000	00																												
c. State	\$		00																												
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e. Other	\$		00																												
f. Program Income	\$		00																												
g. TOTAL	\$	150,000	00																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No.																													
a. Authorized Representative Prefix MR. First Name DOMINGO Middle Name Last Name SANTOS Suffix b. Title PRESIDENT c. Telephone Number (give area code) (707) 822-1366 d. Signature of Authorized Representative e. Date Signed 4/6/04 4-6-04																															

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 5, 2004		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION

Legal Name: Yuba-Sutter Economic Development Corporation	Organizational Unit:
Address (give city, county, State, and zip code): 1300 Franklin Road Yuba City, CA 95993	Name and telephone number of person to be contacted on matters involving this application (give area code) Tim Johnson 530-751-8555

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

6	8	—	0	3	4	2	1	4	5
---	---	---	---	---	---	---	---	---	---

8. TYPE OF APPLICATION:

☒ New
 ☐ Continuation
 ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award
D. Decrease Duration

B. Decrease Award
Other(specify):

C. Increase Duration

7. TYPE OF APPLICANT: (enter appropriate letter in box) N

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) <u>Private Non-Profit</u>

9. NAME OF FEDERAL AGENCY:
 U.S. Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1	0	—	7	6	9
---	---	---	---	---	---

TITLE: Rural Business Enterprise Grants

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Butte, Sutter and Yuba Counties of California

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Feasibility Study: Peach Processing Plant for Sutter/Yuba/Butte Peach Production

13. PROPOSED PROJECT <table style="width:100%; font-size: x-small;"> <tr> <td style="width:20%;">Start Date</td> <td style="width:20%;">Ending Date</td> <td style="width:60%;">a. Applicant</td> </tr> <tr> <td>6/30/04</td> <td>12/31/04</td> <td>District 2</td> </tr> </table>	Start Date	Ending Date	a. Applicant	6/30/04	12/31/04	District 2	14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%; font-size: x-small;"> <tr> <td style="width:50%;">b. Project</td> <td style="width:50%;">District 2</td> </tr> </table>	b. Project	District 2
Start Date	Ending Date	a. Applicant							
6/30/04	12/31/04	District 2							
b. Project	District 2								

15. ESTIMATED FUNDING:

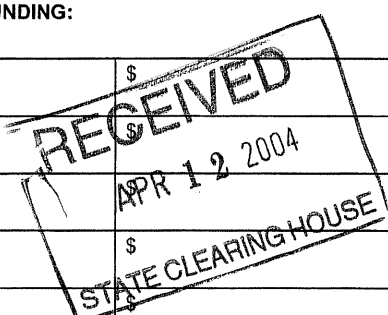
a. Federal	\$	67,500	.00
b. Applicant	\$	5,000	.00
c. State			.00
d. Local	\$.00
e. Other		24,000	.00
f. Program Income	\$.00
g. TOTAL	\$	96,500	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 04/05/04
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Tim Johnson	b. Title Executive Director	c. Telephone Number (530) 751-8555
d. Signature of Authorized Representative <i>Wanda Barcia for Tim Johnson</i>		e. Date Signed <i>April 5, 2004</i>



DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

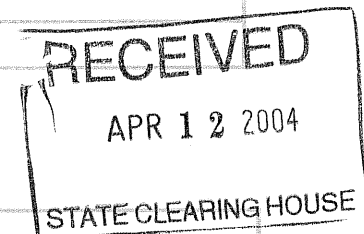
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-90-Y114-01
Budget Number:	2 - Budget Pending Approval
Project Information:	Subgrantee Vehicles/Transit Facilities

Part 1: Recipient Information

Project Number:	CA-90-Y114-01
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$0
Project Number:	CA-90-Y114-01	Adjustment Amt:	\$0
Project Description:	Subgrantee Vehicles/Transit Facilities	Total Eligible Cost:	\$0
Recipient Type:	Transit Authority	Total FTA Amt:	\$1,617,000
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0
Recipient Contact:	Steve Henley 213. 922.3093	Total Local Amt:	-\$1,617,000
New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Increase Award	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jan. 01, 2003 - Mar. 31, 2005	Est. Oblig Date:	31-Jul-2004
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt	
Review Date:	Apr. 07, 2004		



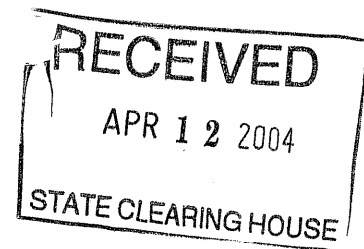
Planning Grant?:	NO	Authority?:	No
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2002	Final Budget?:	No
Program Page:	324		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	29	Adam B Schiff



Project Details

AMENDMENT NO. 01:

The Los Angeles County Metropolitan Transportation Authority (MTA) hereby submits grant amendment application no. 01 to Grant No. CA-90-Y114 on behalf of the City of Glendale requesting federal assistance in the amount of \$1,617,000 in CMAQ funds. These funds are being requested to supplement the \$924,000 in CMAQ funds awarded through the original grant for the construction of a Transit Operations, Maintenance and CNG fueling facility for the City of Glendale, with the MTA serving as pass-through grantee for said funds.

This amendment, when approved, will increase the federal funds for Grant No. CA-90-Y114 to \$5,985,469. The current total grant amount of \$14,993,368 will not change as the City of Glendale's project was substantially over-matched with local funds. The addition of the federal funds requested under this application will be used to reduce the local fund committed to the project, with the project continuing to be over-matched.

The federal funds being requested under this amendment were approved for allocation through the MTA's Call for Projects and are programmed in the currently approved FTIP. The funds have been successfully transferred to the FTA for administration.

A copy of this application has been submitted to the State Office of Planning and Research and to the Southern California Association of Governments for their review and comment.

Proposition A & C Local Return formula funds are being used to match the federal funds. These funds are contained within the City's approved budget.

The required FY2004 FTA Certifications and Assurances have been electronically filed in TEAM.

A thorough review has been made of the Department of Labor's application checklist. All applicable information required by said checklist is present within this application.

SUBRECIPIENT INFORMATION

CITY OF GLENDALE
633 EAST BROADWAY

05-2004-062
Approved 3/25/04
RCH #304

FOR ASSISTANCE

Version 7/03

1. DATE SUBMITTED		Applicant Identifier AIP3-06-0088 FCH FFY2004	
2. DATE RECEIVED BY STATE		State Application Identifier	
3. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
SUBMISSION: Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction			
APPLICANT INFORMATION			
Name: CITY OF FRESNO		Organizational Unit: Department: TRANSPORTATION	
Organizational DUNS: 17-678-5079		Division: AIRPORTS	
Address: Street: 4995 EAST CLINTON WAY		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR First Name: KEVIN	
City: FRESNO		Middle Name	
County: FRESNO		Last Name MEIKLE	
State: CA		Suffix:	
Zip Code 93727		Email: Kevin.Meikle@fresno.gov	
Country: USA		Phone Number (give area code) (559) 621-4536	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000338		Fax Number (give area code) (559) 498-5549	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. MUNICIPAL Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COUNTIES OF FRESNO, MADERA, TULARE, KINGS, MERCED, MARIPOSA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FRESNO CHANDLER DOWNTOWN AIRPORT REHABILITATE TERMINAL BUILDING RELOCATE SEGMENTED CIRCLE & LIGHTED WIND SOCK	
13. PROPOSED PROJECT Start Date: 10/2004 Ending Date: 9/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18th b. Project 18th	
15. ESTIMATED FUNDING: a. Federal \$ 210,060.00 b. Applicant \$ 11,056.00 c. State \$ 0.00 d. Local \$ APR 12 2004 e. Other \$ f. Program Income \$ g. TOTAL \$ 221,116.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: This Date b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
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a. Authorized Representative Prefix MR. First Name SEVERO Middle Name Last Name ESQUIVEL b. Title INTERIM DIRECTOR OF TRANSPORTATION c. Telephone Number (give area code) (559) 621-4500 d. Signature of Authorized Representative e. Date Signed 3-17-04			

APPLICATION FOR FEDERAL ASSISTANCE



RCH
#304

Approved: 3/25/04

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier AIP3-06-0087FY1 FFY2004
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier See Attached Sheet
5. APPLICANT INFORMATION Legal Name: CITY OF FRESNO Organizational DUNS: 17-678-5079 Address: Street: 4995 EAST CLINTON WAY City: FRESNO County: FRESNO State: CA Zip Code: 93727 Country: UNITED STATES		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Organizational Unit: Department: TRANSPORTATION Division: AIRPORTS		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR. First Name: KEVIN Middle Name: Last Name: MEIKLE Suffix:	
Email: Kevin.Meikle@fresno.gov		Phone Number (give area code) 559-621-4536 Fax Number (give area code) 559-498-5549	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000338		7. TYPE OF APPLICANT: (See back of form for Application Types) C. MUNICIPAL Other (specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP) 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno Yosemite International Airport FAR P art 150 Noise Compatibility Program Acoustically Treat Residences in the 65-75 CNEL Contours of the NEM.	
13. PROPOSED PROJECT Start Date: 10/2004 Ending Date: 09/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18th b. Project 18th	
15. ESTIMATED FUNDING: a. Federal \$ 2,000,000.00 b. Applicant \$ 105,263.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 2,105,263.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix MR. First Name SEVERO Middle Name Last Name ESQUIVEL Title INTERIM DIRECTOR OF TRANSPORTATION Signature of Authorized Representative	
Suffix: c. Telephone Number (give area code) 559-621-4600 e. Date Signed 3-17-04		Previous Edition Usable Authorized for Local Reproduction	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102



05-2004-001
Approved 3/25/04

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier AIP-3-06-0087 FYI FFY04	
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: CITY OF FRESNO		Organizational Unit: Department: TRANSPORTATION		
Organizational DUNS: 17-678-5079		Division: AIRPORTS		
Address: Street: 4995 EAST CLINTON WAY		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: FRESNO		Prefix: MR.		First Name: KEVIN
County: FRESNO		Middle Name		
State: CA		Last Name MEIKLE		
Zip Code 93727		Suffix:		
Country: UNITED STATES		Email: Kevin.Meikle@fresno.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000338		Phone Number (give area code) (559) 621-4536		Fax Number (give area code) (559) 498-5549
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. MUNICIPAL Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COUNTIES OF FRESNO, MADERA, TULARE, KINGS, MERCED, MARIPOSA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: TERMINAL/CONCOURSE EXPANSION, DESIGN/CONSTRUCTION OF VARIOUS TAXIWAYS, PURCHASE ARFF VEHICLE, REHABILITATION OF RUNWAY 11L-29R, INSTALL AND UPGRADE AIRFIELD SIGNAGE		
13. PROPOSED PROJECT Start Date: 04/04 Ending Date: 04/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18th b. Project 18th		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 5,196,000.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$ 273,474.00		DATE: TBD		
c. State \$.00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$.00		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 5,469,474.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix MR.		First Name SEVERO		Middle Name
Last Name ESQUIVEL		Suffix		
b. Title INTERIM DIRECTOR OF TRANSPORTATION		c. Telephone Number (give area code) (559) 621-4600		
d. Signature of Authorized Representative		e. Date Signed 2-17-04		

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

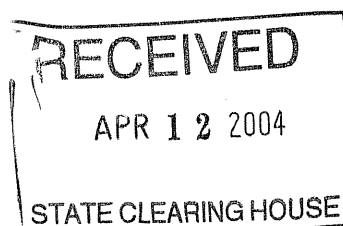
Recipient ID:	1652
Recipient Name:	LONG BEACH PUBLIC TRANSPORTATION COMPANY
Project ID:	CA-90-Y271
Budget Number:	1 - Budget Pending Approval
Project Information:	FY04 5307(less MTOC)+TEA1%+15% Discretio

Part 1: Recipient Information

Project Number:	CA-90-Y271
Recipient ID:	1652
Recipient Name:	LONG BEACH PUBLIC TRANSPORTATION COMPANY
Address:	P.O. BOX 731 , LONG BEACH, CA 90801 0000
Telephone:	(562) 591-8753
Facsimile:	(562) 599-8936

Union Information

Recipient ID:	1652
Union Name:	ATU
Address 1:	1951 SPRING ST
Address 2:	
City:	LONG BEACH, CA 90806 0000
Contact Name:	Barbara Gales
Telephone:	(562) 490-2334
Facsimile:	(562) 490-2336



Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$12,447,150
Project Number:	CA-90-Y271	Adjustment Amt:	\$89,433
Project Description:	FY04 5307(less MTOC) +TEA1%+15% Discretio	Total Eligible Cost:	\$12,357,717
Recipient Type:	County Agency	Total FTA Amt:	\$9,982,170
FTA Project Mgr:	Ray Tellis 213.202.3956	Total State Amt:	\$0

Recipient Contact:	Lisa Patton 562.599.8511	Total Local Amt:	\$2,375,547
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	-	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Sep. 16, 2003		
Program Page:	17-19		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	37	Juanita Millender-McDon
6	38	Grace F Napolitano
6	39	Linda T Sanchez

Project Details

PROJECT DESCRIPTION:

- * Bus Components/Engines -- LA973028
- * Bus Stop Amenities -- LA973029
- * Transit Mall Info Center -- LA0D16
- * Information Systems/EDP Equipment -- LA0b0842
- * Facility Improvements -- LA900514
- * Fleet Replacement
- 9200's -- LA0D18
- 9300's -- LA0D19
- * Office Equipment -- LA01B119
- * Capitalization of Preventive Maintenance -- LA01B107
- * Training and Educational Reimbursement -- LA01B108
- * Safety and Health Projects -- LA973030

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Project ID:	CA-90-Y262
Budget Number:	1 - Budget Pending Approval
Project Information:	Procurement of CNG Station Equipmen

Part 1: Recipient Information

Project Number:	CA-90-Y262
Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Address:	207 HARVARD AVENUE , CLAREMONT, CA 91711 0000
Telephone:	(909) 399-5400
Facsimile:	(909) 399-5492

RECEIVED

APR 12 2004

STATE CLEARING HOUSE

Union Information

No information found.

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$710,000
Project Number:	CA-90-Y262	Adjustment Amt:	\$0
Project Description:	Procurement of CNG Station Equipmen	Total Eligible Cost:	\$710,000
Recipient Type:	City	Total FTA Amt:	\$71,000
FTA Project Mgr:	John Ottomanelli, 213.202.3957	Total State Amt:	\$0
Recipient Contact:	Michael Busch (909) 399-5456	Total Local Amt:	\$639,000
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20205	Special Condition:	None Specified
Sec. of Statute:	149	S.C. Tgt. Date:	None Specified

State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Nov. 15, 2003 - Dec. 31, 2004	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	Sep. 19, 2003	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Apr. 15, 2003		
Program Page:	1		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	33	Diane E Watson
6	26	David Dreier

Project Details

The City is construction a joint use City Corporate Yard Facility. Included in the scope of construction will be the inclusion of a compressed natural gas (CNG) fueling facility to be used by the City's transit services and sanitation fleet.

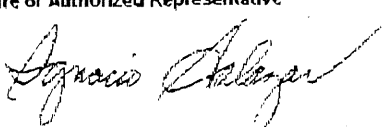
The estimated cost of the project is \$710,000. This application is for the allocation of \$71,000 of Federal funds to cover the transit portion of the project only. These funds will be allocated to the procurement of a CNG compressor valued at \$90,000.

The project is included in the TIP (ID #LA0B403)

CITY OF CLAREMONT DOL APPLICATION CHECKLIST

1. Who is receiving the funds? The City of Claremont is the recipient of the funds. The City plans to procure the CNG equipment and contract with KPRS of Rancho Cucamonga for the installation of the CNG facility equipment.
2. What is the amount and type of funding to be awarded? For fiscal year 2003-2004, the City has received an award of roughly \$71,000 of Congestion Mitigation and Air Quality (CMAQ) Funds through the RTAA process managed by the Los Angeles County Metropolitan Transportation Authority (LACMTA).
3. What activities will be undertaken with the funds? The City's CMAQ funds will be allocated for the procurement of CNG equipment, specifically a compressor. These funds will be matched with City funds, as the fueling station will be used by transit and sanitation. The City facility is the home of the Community Services Department, which manages

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 8, 2004		Applicant Identifier
		3. DATE RECEIVED BY STATE		State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
5. APPLICANT INFORMATION				
Legal Name: SER-Jobs for Progress National, Inc.			Organizational Unit: SCSEP	
Address (give city, county, state, and zip code): 1925 W. John Carpenter Freeway Suite 575 Irving, TX 75063			Name and telephone number of the person to be contacted on matters involving application (give area code): Rosalinda Treviño-Ortega 972/506-7815 x 369	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">8</div> <div style="border: 1px solid black; padding: 2px 5px;">5</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">7</div> <div style="border: 1px solid black; padding: 2px 5px;">7</div> <div style="border: 1px solid black; padding: 2px 5px;">5</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: center; border: 1px solid black; width: 30px; margin: 0 auto;">N</div>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): 			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit</u>	
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			9. NAME OF FEDERAL AGENCY: Department of Labor/Employment & Training Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">7</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">5</div> </div> TITLE: Senior Community Service Employment Program (SCSEP)			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Senior Community Service Employment Program	
12. AREAS AFFECTED BY PROJECT (cities, countries, states, etc.) See Attached List			<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED APR 8 2004 STATE CLEARING HOUSE See Attached List </div>	
13. PROPOSED PROJECT: Start Date: 7/1/04 Ending Date: 6/30/05				
14. CONGRESSIONAL DISTRICTS OF: a. Applicant TX - 30 th				
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$26,270,784.00			a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE April 8, 2004	
b. Applicant \$2,627,078.00			b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local				
e. Other				
f. Program Income				
g. TOTAL \$28,897,862.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Typed Name of Authorized Representative Ignacio Salazar			b. Title President & CEO	
c. Telephone Number 972/506-7815 x 352				
d. Signature of Authorized Representative 			e. Date Signed 4/8/04	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier CE 98994001
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Central Coast Regional Water Quality Control Board Name and telephone of person to be contacted on matters involving this application (give area code): Chris Adair (805) 549-3761	
6. Employer Identification Number (EIN): 68--0281986 D U N S Number: 808321913		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
8. Type of Application: New _____ <input checked="" type="checkbox"/> Revision _____ Continuation _____ If Revision, enter appropriate letter(s): <u>A</u> <u>C</u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. Name of Federal Agency: U. S. Environmental Protection Agency	
10. Catalog of Federal Domestic Assistance Number 66.456 Title: National Estuary Program		11. Descriptive Title of Applicant's Project: Continue implementation of the Comprehensive Conservation Management Plan (CCMP), participation and outreach of public education, and administrative management of the program.	
12. Area Affected by Project: (cities, counties, states, etc.) Morro Bay, California			
13. Proposed Project: Start Date 9/1/01 End Date 6/30/05		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$60,000 b. Applicant \$0 c. State \$60,000 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$120,000		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: April 7, 2004 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

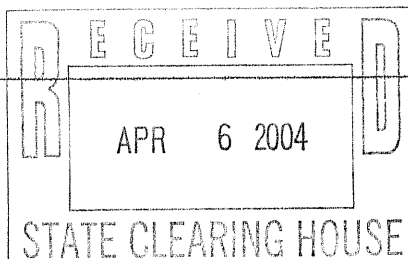
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED <div style="text-align: center;">3/26/2004</div>		APPLICANT IDENTIFIER	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		STATE APPLICATION IDENTIFIER	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> <div style="width: 45%;"> <i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction </div> </div>		4. DATE RECEIVED BY FEDERAL AGENCY		FEDERAL IDENTIFIER	

5. Applicant Information		Organizational Unit	
Legal Name County of Humboldt		Economic Development Division, Com Dev Serv Dept	
Address (give city, county, state, and zip code): 520 E Street Eureka, CA 95501 Humboldt County		Name and telephone number of the person to be contacted on matters involving this application (give area code) Jacqueline Debets, 707-445-7747	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000513		7. TYPE OF APPLICANT: (enter appropriate letter in box) B. County	
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, select appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. Increase Award B. Decrease Award C. Increase Duration </div> <div style="width: 45%;"> D. Decrease Duration E. Other (specify here): </div> </div>		H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): O. Non-Profit	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.4769 - Rural Development, Forestry, Communities		9. NAME OF FEDERAL AGENCY U.S. Department of Agriculture, Rural Development	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): County of Humboldt		11. DESCRIPTIVE TITLE OF APPLICANT PROJECT: Manufacturing Training and Expansion Program	

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 5/1/2004	Ending Date 6/1/2004	a. Applicant 1st Congressional Dist	b. Project 1st Congressional Dist

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 93,500.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: _____ b. <input checked="" type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$ 42,200.00		
d. Local	\$ 5,000.00		
e. Other	\$ 59,118.00		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation <input checked="" type="checkbox"/> No.	
g. TOTAL	\$ 199,818.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		
a. Typed Name of Authorized Representative Kirk Girard	b. Title Community Development Services Director	c. Telephone number 707-268-3735
d. Signature of Authorized Representative 		e. Date Signed 3/26/04

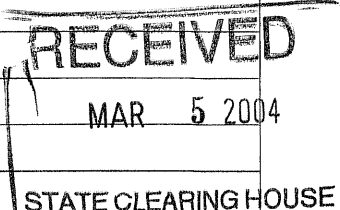


APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 27, 2003	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			

5. APPLICANT INFORMATION	
Legal Name:	Organizational Unit:
City of Hollister	Department: Public Works
Organizational DUNS: 021708859	Division:
Address:	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: 375 Fifth Street	Prefix: Mr.
City: Hollister	First Name: Matthew
County: San Benito	Middle Name: J.
State: CA	Last Name: Kelley
Zip Code: 95023-3876	Suffix:
Country: USA	Email: matthew.kelley@hollister.ca.gov



6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000348	Phone Number (give area code) (831) 636-4340	Fax Number (give area code) (831) 636-4349
---	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Other (specify)
	9. NAME OF FEDERAL AGENCY: Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program): Airport Improvement Program (AIP)	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Hollister Municipal Airport FY 2004 Grant Application
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Hollister, CA / San Benito, CA	

13. PROPOSED PROJECT Start Date: 04/04 Ending Date: 09/30/04	14. CONGRESSIONAL DISTRICTS OF: a. Applicant #17 b. Project #17
---	--

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 1,362,300.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: February 27, 2003
b. Applicant \$ 35,850.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ 35,850.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$.00	
g. TOTAL \$ 1,434,000.00	

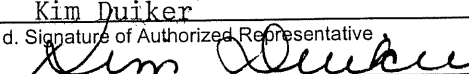
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative	
Prefix Mr.	First Name Clint
Middle Name	
Last Name Quiller	
Suffix	
b. Title Public Works Director	
c. Telephone Number (give area code) (831) 636-4340	
d. Signature of Authorized Representative	
e. Date Signed 2/27/04	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED February 26, 2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION					
Legal Name: Kenneth A. Nagy			Organizational Unit: University of California, Los Angeles		
Address (give city, county, State, and zip code): 621 Charles Young Drive South Los Angeles, CA 90095-1606			Name and telephone number of person to be contacted on matters involving this application (give area code) Kenneth A. Nagy (310) 825-8771		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 — 6 0 0 6 1 4 3			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 30px; line-height: 30px; margin: 0 auto;">I</div>		
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: US Geological Survey		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;">1 5 — 6 1 5</div> TITLE: Cooperative Endangered Species Conservation Fund			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Raven Consumption of Juvenile Desert Tortoises: Predictions from Energetics and Water Balance Models <div style="border: 2px solid black; padding: 5px; text-align: center; margin-top: 10px;"> RECEIVED MAR 5 2004 STATE CLEARING HOUSE </div>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Bernardino County, CA; States of California, Nevada, Utah					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 4/1/04	Ending Date 12/30/04	a. Applicant D-CA-30th Dist.		b. Project D-CA-42nd Dist.	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$	11,692 ⁰⁰			
b. Applicant	\$	00 ⁰⁰			
c. State	\$	00 ⁰⁰			
d. Local	\$	00 ⁰⁰			
e. Other	\$	00 ⁰⁰			
f. Program Income	\$	00 ⁰⁰			
g. TOTAL	\$	11,692 ⁰⁰			
		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 02/26/04			
		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Kim Duiker		b. Title Sr. Grant Analyst		c. Telephone Number (310)794-0165	
d. Signature of Authorized Representative 		e. Date Signed 2/27/04			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 2, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																						
Legal Name:	Organizational Unit:																					
Self-Help Home Improvement Project (SHHIP)	Department:																					
Organizational DUNS:	Division:																					
Address:																						
Street:	Name and telephone number of person to be contacted on matters involving this application (give area code)																					
3777 Meadow View Dr., Suite 100	Prefix: First Name: Keith																					
City: Redding	Middle Name																					
County: Shasta	Last Name: Griffith																					
State: California Zip Code: 96002	Suffix:																					
Country: USA	Email: kgrif@shhip.com																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2990678																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)																						
7. TYPE OF APPLICANT: (See back of form for Application Types) "0" Non for Profit Corporation Other (specify)																						
9. NAME OF FEDERAL AGENCY: USDA Rural Development																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-420 TITLE (Name of Program): Mutual Self-Help Housing Technical Assistance (Rehab), USDA Sect. 523																						
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: USDA Rural Development Mutual Self-Help Housing Program Technical Assistance grant (Sect. 523) Self-Help Housing Rehabilitation Assist 40 homeowners in rural Shasta and Tehama counties rehabilitate their homes.																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Shasta and Tehama Counties																						
13. PROPOSED PROJECT Start Date: May 1, 2004 Ending Date: April 30, 2006																						
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd - Calif. b. Project 2nd - Calif.																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>330,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>330,000.00</td> </tr> </table>		a. Federal	\$	330,000.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	330,000.00
a. Federal	\$	330,000.00																				
b. Applicant	\$.00																				
c. State	\$.00																				
d. Local	\$.00																				
e. Other	\$.00																				
f. Program Income	\$.00																				
g. TOTAL	\$	330,000.00																				
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: March 2, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Authorized Representative Prefix: First Name: Keith Middle Name: Last Name: GRIFFITH Suffix: b. Title: Executive Director c. Telephone Number (give area code): 530- 378-6905 d. Signature of Authorized Representative: <i>Keith Griffith</i> e. Date Signed: March 2, 2004																						

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier	
Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Legal Name: Coachella Valley Housing Coalition		Organizational Unit: Department:		
Organizational DUNS: 61-328-1070		Division:		
Address: Street: 45701 Monroe St., Ste. G City: Indio County: Riverside State: CA Country:		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: John Middle Name: F. Last Name: Mealey Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3814898		Email: john.mealey@cvhc.org Phone Number (give area code): (760) 347-3157 Fax Number (give area code): (760) 342-6466		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Not-for-Profit Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): USDA - RD 515 Rural Rental Housing Program 10-415		9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Desert Hot Springs, Riverside County, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Desert Hot Springs Family Project 60 unit low income family apartment complex. Unit mix consist of: 12 - 1 bedroom 16 - 2 bedroom 19 - 3 bedroom 12 - 4 bedroom		
13. PROPOSED PROJECT Start Date: December 2004 Ending Date: February 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 45th b. Project 41st		
15. ESTIMATED FUNDING: a. Federal USDA - RD 515 \$ 1,000,000 b. Applicant Deferred Developer Fee \$ 230,559 c. State AHP Funds \$ 450,000 d. Local County HOME funds \$ 850,000 e. Other Tax Credit Equity \$ 7,922,438 f. Program Income \$ g. TOTAL \$ 10,452,997		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 03/03/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative Prefix: Last Name: Mealey		First Name: John Middle Name: F. Suffix:		
b. Title Executive Director		c. Telephone Number (give area code): (760) 347-3157		
d. Signature of Authorized Representative		e. Date Signed 03/03/04		

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>		2. DATE SUBMITTED 	Applicant Identifier
3. DATE RECEIVED BY STATE 		State Application Identifier 	
4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier 	

5. APPLICANT INFORMATION

Legal Name: <u>Self-Help Home Improvement Proj</u> Address (give city, county, state, and zip code): 3777 Meadowview Drive #100 Redding, CA 96002	Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) Keith Griffith (530) 378-6905
--	---

6. EMPLOYER IDENTIFICATION (EIN): <div style="border: 1px solid black; display: inline-block; padding: 2px;">9</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">5</div> - <div style="border: 1px solid black; display: inline-block; padding: 2px;">2</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">9</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">9</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">6</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">7</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">8</div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px; margin-top: -20px;">N</div> <table style="width:100%; font-size: small;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify) <u>Non-Profit</u></td> </tr> </table>	A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) <u>Non-Profit</u>
A. State	H. Independent School Dist.														
B. County	I. State Controlled Institution of Higher Learning														
C. Municipal	J. Private University														
D. Township	K. Indian Tribe														
E. Interstate	L. Individual														
F. Intermunicipal	M. Profit Organization														
G. Special District	N. Other (Specify) <u>Non-Profit</u>														

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> <div style="font-size: x-small;"> A. Increase Award B. Decrease Award c. Increase Duration D. Decrease Duration Other (specify): _____ </div>	9. NAME OF FEDERAL AGENCY: USDA Rural Development
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; display: inline-block; padding: 2px;">1</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">0</div> - <div style="border: 1px solid black; display: inline-block; padding: 2px;">4</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">3</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">3</div> TITLE: <u>Housing preservation Grant</u>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Scattered site housing preservation repair and rehabilitation assistance to 25 very low-income owner occupied housing units in Shasta and Tehama Counties, California.
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) Shasta & Tehama Counties, CA	
---	--

13. PROPOSED PROJECT <table style="width:100%; font-size: x-small;"> <tr> <th>Start Date</th> <th>Ending Date</th> </tr> <tr> <td>7/1/04</td> <td>6/30/06</td> </tr> </table>	Start Date	Ending Date	7/1/04	6/30/06	14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%; font-size: x-small;"> <tr> <th>a. Applicant</th> <th>b. Project</th> </tr> <tr> <td>2nd</td> <td>2nd</td> </tr> </table>	a. Applicant	b. Project	2nd	2nd
Start Date	Ending Date								
7/1/04	6/30/06								
a. Applicant	b. Project								
2nd	2nd								

15. ESTIMATED FUNDING <table style="width:100%; font-size: x-small;"> <tr> <td>a. Federal</td> <td>\$ 100,000</td> <td>.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$ 250,000</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. Total</td> <td>\$ 350,000</td> <td>0.00</td> </tr> </table>	a. Federal	\$ 100,000	.00	b. Applicant	\$.00	c. State	\$ 250,000	.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. Total	\$ 350,000	0.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <div style="text-align: right;">DATE <u>4/1/04</u></div> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 100,000	.00																				
b. Applicant	\$.00																				
c. State	\$ 250,000	.00																				
d. Local	\$.00																				
e. Other	\$.00																				
f. Program Income	\$.00																				
g. Total	\$ 350,000	0.00																				

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	
---	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Keith Griffith	b. Title Executive Director	c. Telephone Number (530) 378-6905
d. Signature of Authorized Representative 	e. Date Signed 4/1/04	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 29, 2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: Economic Development and Financing Corp.	Organizational Unit:
Address (give city, county, State, and zip code): 631 South Orchard St. Ukiah, Ca 95482	Name and telephone number of person to be contacted on matters involving this application (give area code) Madeline Holtkamp (707)467-5953

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

6	8	—	0	3	4	6	0	8	0
---	---	---	---	---	---	---	---	---	---

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-profit</u>
---	--

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es) ☐ ☐
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 USDA-Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1	0	—	7	6	9
---	---	---	---	---	---

 TITLE: _____

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Woodlore, Wood products manufacturing Cooperative

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Laytonville, Ca Mendocino County

13. PROPOSED PROJECT <table style="width:100%;"> <tr> <td style="width:50%;">Start Date 7/4/04</td> <td style="width:50%;">Ending Date 6/5/04</td> </tr> </table>	Start Date 7/4/04	Ending Date 6/5/04	14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%;"> <tr> <td style="width:50%;">a. Applicant First/Mike Thompson</td> <td style="width:50%;">b. Project same</td> </tr> </table>	a. Applicant First/Mike Thompson	b. Project same
Start Date 7/4/04	Ending Date 6/5/04				
a. Applicant First/Mike Thompson	b. Project same				

15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:60%; text-align: right;">97,386⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">74,040⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">171,426⁰⁰</td> </tr> </table>	a. Federal	\$	97,386 ⁰⁰	b. Applicant	\$	74,040 ⁰⁰	c. State	\$	⁰⁰	d. Local	\$	⁰⁰	e. Other	\$	⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	171,426 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>03/29/04</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	97,386 ⁰⁰																				
b. Applicant	\$	74,040 ⁰⁰																				
c. State	\$	⁰⁰																				
d. Local	\$	⁰⁰																				
e. Other	\$	⁰⁰																				
f. Program Income	\$	⁰⁰																				
g. TOTAL	\$	171,426 ⁰⁰																				

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Madelin Holtkamp	b. Title Executive Director	c. Telephone Number (707) 467-5953
d. Signature of Authorized Representative <i>Madeline Holtkamp</i>		e. Date Signed 3/30-2004

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/22/04	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Federation of Lao American Community Address (give city, county, state, and zip code): PO Box 6256, Fresno, CA 93703 Fresno County		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): Vilaysouk Vee Inthaly (559) 452-8950																												
6. EMPLOYER IDENTIFICATION (EIN): 04 - 3700151	7. TYPE OF APPLICANT: (enter appropriate letter in box) <table style="width:100%;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> <td rowspan="7" style="text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> N Nonprofit Organization </td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify)</td> </tr> </table>		A. State	H. Independent School Dist.	<input checked="" type="checkbox"/> N Nonprofit Organization	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify)													
A. State	H. Independent School Dist.	<input checked="" type="checkbox"/> N Nonprofit Organization																												
B. County	I. State Controlled Institution of Higher Learning																													
C. Municipal	J. Private University																													
D. Township	K. Indian Tribe																													
E. Interstate	L. Individual																													
F. Intermunicipal	M. Profit Organization																													
G. Special District	N. Other (Specify)																													
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY:																												
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lao Agricultural Empowerment Project (LAEP) (A continuation 2003-04)																												
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) State of California. Fresno County. Cities: Kerman, Sanger, Selma, Easton, Fowler		13. PROPOSED PROJECT <table style="width:100%;"> <tr> <td>Start Date</td> <td>Ending Date</td> </tr> <tr> <td>9/16/04</td> <td>9/15/05</td> </tr> </table>	Start Date	Ending Date	9/16/04	9/15/05																								
Start Date	Ending Date																													
9/16/04	9/15/05																													
14. CONGRESSIONAL DISTRICTS OF: Calvin M. Dooley-20th District, California		15. ESTIMATED FUNDING <table style="width:100%;"> <tr> <td>a. Federal</td> <td>\$</td> <td>69,900</td> <td>.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. Total</td> <td>\$</td> <td>69,900</td> <td>.00</td> </tr> </table>	a. Federal	\$	69,900	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. Total	\$	69,900	.00
a. Federal	\$	69,900	.00																											
b. Applicant	\$.00																											
c. State	\$.00																											
d. Local	\$.00																											
e. Other	\$.00																											
f. Program Income	\$.00																											
g. Total	\$	69,900	.00																											
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																														
a. Type Name of Authorized Representative Vilaysouk Vee Inthaly		b. Title Executive Director																												
d. Signature of Authorized Representative 		c. Telephone Number (559) 452-8950 e. Date Signed 3/22/04																												

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 4, 2004	Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 18403110

5. APPLICANT INFORMATION Legal Name: Tulare County Superintendent of School		Organizational Unit: Child Care Program	
Address (give city, county, State, and zip code): Po Box 5091, Visalia CA 93278-5091		Name and telephone number of person to be contacted on matters involving this application (give area code) Ray Chavez (559) 651-3022	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 2 1 9 1 9 0 5 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">B</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>
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8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">A. Increase Award</div> <div style="width: 30%;">B. Decrease Award</div> <div style="width: 30%;">C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">D. Decrease Duration</div> <div style="width: 30%;">Other(specify):</div> <div style="width: 30%;"></div> </div>	9. NAME OF FEDERAL AGENCY: USDA
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 200px;"> 1 0 — 7 6 6 </div> TITLE: Community Facilities Loans and Grants	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rural Development Child Care B
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Earlimart, Farmersville, Lindsay	
--	--

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date Ending Date 7/1/04 6/30/05	a. Applicant 21-nunes b. Project 21-nunes

15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">9,952</td> <td style="width:10%; text-align: right;">14,306⁰⁰</td> <td style="width:50%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">8,143</td> <td style="text-align: right;">11,705⁰⁰</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">00</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">00</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">00</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">00</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">18,095</td> <td style="text-align: right;">26,011⁰⁰</td> <td></td> </tr> </table>	a. Federal	\$	9,952	14,306 ⁰⁰		b. Applicant	\$	8,143	11,705 ⁰⁰		c. State	\$		00		d. Local	\$		00		e. Other	\$		00		f. Program Income	\$		00		g. TOTAL	\$	18,095	26,011 ⁰⁰		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	9,952	14,306 ⁰⁰																																	
b. Applicant	\$	8,143	11,705 ⁰⁰																																	
c. State	\$		00																																	
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e. Other	\$		00																																	
f. Program Income	\$		00																																	
g. TOTAL	\$	18,095	26,011 ⁰⁰																																	

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Jim Vidak	b. Title County Superintendent of Schools	c. Telephone Number (559) 733-6301
d. Signature of Authorized Representative		e. Date Signed 3-4-04

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

COPY

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 4, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 184031110

5. APPLICANT INFORMATION	
Legal Name: Tulare County Superintendent of School	Organizational Unit: Child Care Program
Address (give city, county, State, and zip code): Po Box 5091, Visalia CA 93278-5091	Name and telephone number of person to be contacted on matters involving this application (give area code) Ray Chavez (559) 651-3022

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 2 1 9 1 9 0 5 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div> </div>
---	--

8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: USDA
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 7 6 6 </div> TITLE: Community Facilities Loans and Grants	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rural Development Child Care
---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Earlimart, Farmersville, Lindsay	
--	--

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date: 7/1/04 Ending Date: 6/30/05	a. Applicant: 21-nunes b. Project: 21-nunes

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">9,952</td> <td style="width: 10%; text-align: right;">14,306⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">8,143</td> <td style="text-align: right;">11,705⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">18,095</td> <td style="text-align: right;">26,011⁰⁰</td> </tr> </table>	a. Federal	\$	9,952	14,306 ⁰⁰	b. Applicant	\$	8,143	11,705 ⁰⁰	c. State	\$			d. Local	\$			e. Other	\$			f. Program Income	\$			g. TOTAL	\$	18,095	26,011 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	9,952	14,306 ⁰⁰																										
b. Applicant	\$	8,143	11,705 ⁰⁰																										
c. State	\$																												
d. Local	\$																												
e. Other	\$																												
f. Program Income	\$																												
g. TOTAL	\$	18,095	26,011 ⁰⁰																										

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Jim Vidak	b. Title County Superintendent of Schools	c. Telephone Number (559) 733-6301
d. Signature of Authorized Representative		e. Date Signed 3-4-04

RECEIVED

APR 5 2004

STATE CLEARING HOUSE

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 29, 2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of Lindsay			Organizational Unit: Department:		
Organizational DUNS: 004953261			Division:		
Address: Street: 251 E. Honolulu City: Lindsay County: Tulare State: CA Zip Code: 93247			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Scot Middle Name: B. Last Name: Townsend Suffix:		
Country: USA			Email: scotbtownsend@lindsay.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94-6000357 </div>			Phone Number (give area code) 559-562-7103		Fax Number (give area code) 559-562-7100
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) C - Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10-769 </div>			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lindsay, Tulare County, California, USA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Address: 104 Apia, Lindsay, CA - APN # 205-235-014 Required off-site improvements to assist in business property development.		
13. PROPOSED PROJECT Start Date: Oct. 2004 Ending Date: Feb. 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal USDA \$ 44,266.00			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 3/29/04		
b. Applicant \$.00			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$.00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$.00			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$.00					
g. TOTAL \$ 44,266.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Townsend		First Name Scot		Middle Name B. Suffix:	
Last Name Townsend				c. Telephone Number (give area code) 559-562-7103	
b. Title City Manager				e. Date Signed March 26, 2004	
d. Signature of Authorized Representative					

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APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

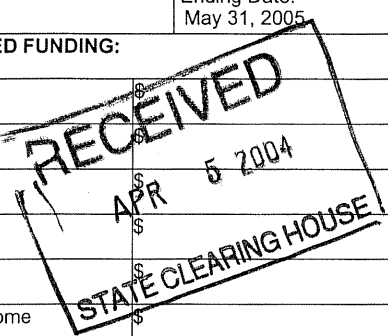
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 2, 2004	Applicant Identifier	
		3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		

5. APPLICANT INFORMATION	
Legal Name: Agricultural Education Committee	Organizational Unit: Department:
Organizational DUNS: 135210818	Division:
Address: Street: 651 Tank Farm Road	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Lorraine
City: San Luis Obispo	Middle Name
County: San Luis Obispo	Last Name Clark
State: CA	Suffix:
Zip Code 93401	Email: lorraine@slofarmbureau.org
Country: USA	Phone Number (give area code) (805) 543-7356
Fax Number (give area code) (805) 543-3697	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">77-0449080</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	
Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">10-769</div>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Monterey, San Luis Obispo, and Santa Barbara Counties	
13. PROPOSED PROJECT Start Date: June 1, 2004 Ending Date: May 31, 2005	
15. ESTIMATED FUNDING:	
a. Federal	99,500.00
b. Applicant	.00
c. State	.00
d. Local	.00
e. Other	106,240.00
f. Program Income	.00
g. TOTAL	205,740.00

7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> Not For Profit Organization Other (specify)	
9. NAME OF FEDERAL AGENCY: USDA - Rural Development	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Central Coast Agricultural Tourism Program Development	
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 22 b. Project 17, 21, 22	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: April 2, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative		
Prefix	First Name Lorraine	Middle Name
Last Name Clark		Suffix
b. Title Coordinator		c. Telephone Number (give area code) (805) 543-7356
d. Signature of Authorized Representative		e. Date Signed April 1, 2004



Lorraine Clark

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 19, 2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: I-5 Business Development Corridor, Inc. Address (give city, county, State, and zip code): P.O. Box 487 Tranquillity CA 93668 (Fresno County)		Organizational Unit: same Name and telephone number of person to be contacted on matters involving this application (give area code) Richard Fosse (559) 855-6850																											
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0437007	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>non-profit</u> </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> N </div>																												
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	9. NAME OF FEDERAL AGENCY: U.S.D.A.																												
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; margin-right: 50px;">10-769</div> TITLE: RBEG-Tech Assist-Small Business	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: I-5 Revolving Loan Fund / Business Development																												
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Coalinga • Firebaugh • Kerman • Huron • Mendota • Tranquillity	13. PROPOSED PROJECT 18-19-20 14. CONGRESSIONAL DISTRICTS OF: D. Cardoza-18th • G. Radanovich-19th • C. Dooley-20th																												
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">99,500</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">25,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">74,500</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">199,000</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	99,500	.00	b. Applicant	\$	25,000	.00	c. State	\$.00	d. Local	\$	74,500	.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	199,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>3/23/04</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	99,500	.00																										
b. Applicant	\$	25,000	.00																										
c. State	\$.00																										
d. Local	\$	74,500	.00																										
e. Other	\$.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	199,000	.00																										
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																													
a. Type Name of Authorized Representative Richard E. Fosse	b. Title Executive Director I-5 BDC, Inc.	c. Telephone Number (559) 855-6850	d. Signature of Authorized Representative 																										
e. Date Signed 3/23/04																													

APPLICATION
FOR PTFP FUNDSOMB Approval
0650-0003

APPLICATION PART I

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20530
CFDA 11.550Check here if
Revised FormFor PTFP
Use

1. APPLICANT

Legal Name California State University Fresno FoundationOrganizational Unit KFSR FMMailing Address (line 1) 5201 N. MapleAddress (line 2 if required) Mail Stop SA119City FresnoState CA2. Employer
ID # (EIN)94-60032723. DUNS # 15-083-7003Main
Station
Call
LettersKFSR FM 90.7

Radio MHz

TV

Channel

County FresnoZip 93740-E-mail joem1@csufresno.edu

4. Administrative Contact

Mr., Ms., Dr. First Name

Mr. Joe

M. I.

N

Last Name

Moore

Jr. etc

Position

Station ManagerPhone # (559) 278-2598Fax # (559) 278-6985

5. Engineering Contact

Full Name Mr. Randy L. StoverTitle Chief EngineerEngineer Phone (559) 227-0244

E-mail

PROJECT INFORMATION

9. Enter letter(s) to classify project

(P)lanning or
(C)onstructionC(R)adio or (TV)
or (RT) for bothR(B)roadcast or (N)onbroadcast
or (BN) for bothB10. Length of
Project (# of
months)6

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the
appropriate columnNEW BROADCAST
facility; repeater,
translator.☒ REPLACE or
augment BROADCAST
EQUIPMENTDIGITAL
conversion of public radio
or TV stationNONBROADCAST
activation or expansionPopulation Currently
Served by station500,000First Service added by
NEW proposed facility0ADDED SERVICE to
those covered by others500,00012. Single
Congressional
District of
Applicant2113. Other Cong. districts served by
project (e.g. PA 1-3, NY 4, 5-9)21, 20, 18

14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 6,802

b. Applicant Share \$ 6,802

c. TOTAL \$ 13,604

d. Fed. % of eligible costs 50.00 %

15. Is application subject to review by Executive Order 12372?

☒ YESThis application was made available to the
State EO 12372 process for review on03/29/2004☐ NO

Program is not covered by EO 12372

or Program has not been selected by
State for review16. Is applicant delinquent on
any Federal Debt?NOEnter YES or NO
If YES, attach explanation.

17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP
Rules if the assistance is awarded.Phone # (559) 278-0840

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Dr. ThomasMcCianahanAssociate Vice PresidentSignature of authorized
representativeDate
signed3/29/04

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kfsr

Public 1 Communications Facilities Program

NTIA/Department of Commerce/Washington DC 20520
CFDA 11.550

OMB Approval
0690-0003

18. Summary of application (Summarize the purposes of the application in a few sentences.)

Public radio station KFSR is requesting funding for a satellite receive-only interconnect, allowing access to the PRSS (Public Radio Satellite System), in order to provide programming currently not available in this area.

19. Types of Applicant (Enter appropriate letter in box)

- A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School District
I. State Controlled Institute of Higher learning
- J. Private University
K. Indian Tribe
L. Individual (NOTE: Not eligible for PTFP funding)
M. Non-profit
O. Other (specify)

☐

21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

☐

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

☒

Date of expected qualification

2005/2006

☐ Check if nonbroadcast application and therefore Q. 21 Not Applicable

20. Station Operations

THIS YEAR NEXT YEAR IF PROJECT FUNDED

	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	0	0	1	50
Part-Time Staff	5	25	4	25
Volunteers	42	3	42	3
Operating Budget	\$ 93,200		\$ 125,000	

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year			Y			
Next year			Y			

22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

23. Yes (No) (circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
Fresno, CA	KVPR
City	Call Letters
Fresno, CA	KFCF
City	Call Letters
Fresno, CA	KSJV

25. Areas affected by this Project (Cities, Counties, States, Etc.)

The cities of Fresno, Clovis, Fowler and Selma in Fresno County, CA.
The cities of Madera, Oakhurst and Coarsegold in Madera County, CA.

REMARKS (continuation of any items from page 1 or this page— continue on plain paper attached to this page if necessary)

SEE ATTACHED

03-2004-058
 RCH #304
 Approved: 3/25/04
 Version 7/03

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier AIP3-06-0087FY1 FFY2004	
<input checked="" type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier See Attached Sheet	
<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input checked="" type="checkbox"/> Pre-application				
<input checked="" type="checkbox"/> Construction				
<input type="checkbox"/> Non-Construction				
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
CITY OF FRESNO		Department: TRANSPORTATION		
Organizational DUNS: 17-678-5079		Division: AIRPORTS		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 4995 EAST CLINTON WAY		Prefix: MR.	First Name: KEVIN	
City: FRESNO		Middle Name		
County: FRESNO		Last Name MEIKLE		
State: CA	Zip Code 93727	Suffix:		
Country: UNITED STATES		Email: Kevin.Meikle@fresno.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)	
94-6000338		559-621-4536	559-498-5549	
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		C. MUNICIPAL		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify)		
Other (specify)		9. NAME OF FEDERAL AGENCY: FEDERAL AVIATION ADMINISTRATION		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
TITLE (Name of Program): AIRPORT IMPROVEMENT PROGRAM (AIP)		Fresno Yosemite International Airport FAR P art 150 Noise Compatibility Program Acoustically Treat Residences in the 65-75 CNEL Contours of the NEM.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno County				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 10/2004	Ending Date: 09/2006	a. Applicant 18th		
15. ESTIMATED FUNDING:		b. Project 18th		
a. Federal	2,000,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
b. Applicant	105,263.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
c. State	.00	DATE:		
d. Local	.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
e. Other	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	2,105,263.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix MR.	First Name SEVERO	Middle Name		
Last Name ESQUIVEL	Suffix			
b. Title INTERIM DIRECTOR OF TRANSPORTATION	c. Telephone Number (give area code) 559-621-4600			
d. Signature of Authorized Representative	e. Date Signed		3-17-04	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102



2100 Tulare Street, Suite 619
Fresno, California 93721-2111

Telephone: (559) 233-4148 ♦ Fax: (559) 233-9645
Website Address: www.fresnocog.org

April 17, 2002

Kevin Meikle
4995 E. Clinton Way
Fresno, CA 93727

Dear Mr. Card:

SUBJECT: Regional Clearinghouse Review # 05-2004-058
Airport Improvement Program

Your grant proposal has been reviewed by the *Regional Clearinghouse*. The Council of Fresno County Governments considered your proposal on March 25, 2004, and determined that it would not conflict with any regional or local plans or programs and that official comment is not required. This letter serves as notice that you have complied with the review requirements of the *Regional Clearinghouse*. We have enclosed a copy of your approved application. If you have any questions concerning this matter, please feel free to contact me at 233-4148.

Sincerely,

A handwritten signature in cursive script that reads "Maryanne Slaven".

MARYANNE SLAVEN, Planning Coordinator
Council of Fresno County Governments

cc: State Clearinghouse

encl.

Member Agencies: The cities of Clovis, Coalinga, Firebaugh, Fowler, Fresno, Huron, Kerman, Kingsburg, Mendota, Orange Cove, Parlier, Reedley, San Joaquin, Sanger, Selma & Fresno County

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 4, 2004	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY 3-10-04 mce	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Tulare County Superintendent of School		Organizational Unit: Child Care Program	
Address (give city, county, State, and zip code): Po Box 5091, Visalia CA 93278-5091		Name and telephone number of person to be contacted on matters involving this application (give area code) Ray Chavez (559) 651-3022	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94 - 2191905		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-top: -20px;">B</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA	

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 766 TITLE: Community Facilities Loans and Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rural Development Child Care A	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cutler, Traver			

13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/04	Ending Date 6/30/05	a. Applicant 21-nunes	b. Project 21-nunes

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 47,272 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 38,678 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 85,950 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Jlm Vidak	b. Title County Superintendent of Schools	c. Telephone Number (559) 733-6301
d. Signature of Authorized Representative 		e. Date Signed 3-4-04

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: San Diego State University Foundation		Organizational Unit: Department: San Diego State University		
Organizational DUNS: 073371346		Division: Geography		
Address: Street: 5250 Campanile Drive		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Diego		Prefix: Mr.		
County: San Diego		First Name: Eugene		
State: CA		Middle Name		
Zip Code 92182-1931		Last Name Stein		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6042721		Email: awards@foundation.sdsu.edu		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Phone Number (give area code) 619-594-5731		
Other (specify)		Fax Number (give area code) 619-582-9164		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-420		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Non-Profit		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California USA and Baja California, Mexico		9. NAME OF FEDERAL AGENCY: NOAA		
13. PROPOSED PROJECT Start Date: 06/01/2004 Ending Date: 05/31/2005		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Dispersion patterns and associations of invasive exotic plants within the Tijuana River National Estuarine Research Reserve		
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICTS OF:		
a. Federal \$ 20,000		a. Applicant 53		
b. Applicant \$ 8,572		b. Project various		
c. State \$		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
d. Local \$		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 03/12/2004		
e. Other \$ 2 2004		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
f. Program in State \$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
g. TOTAL \$ 28,572		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Authorized Representative				
Prefix Ms.		First Name Camille		Middle Name
Last Name Nebeker				Suffix
b. Title Interim, Assistant Vice President for Research		c. Telephone Number (give area code) 619-594-6622		
d. Signature of Authorized Representative Camille Nebeker		e. Date Signed 3/12/04		

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 4/02/04	Applicant Identifier
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: Rural Community Assistance Corporation (RCAC)		Department: Corporate Development Department	
Organizational DUNS: 093587368		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 3120 Freeboard Drive, Suite 201		Prefix:	First Name: June
City: West Sacramento		Middle Name: E.	
County: Yolo County		Last Name: Otlow	
State: CA		Suffix:	
Zip Code: 95691		Email: jotow@rcac.org	
Country: USA		Phone Number (give area code): 360/565-8456	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2512284		Fax Number (give area code): 360/565-8457	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Nonprofit organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		9. NAME OF FEDERAL AGENCY: USDA Rural Development, Rural Business Cooperative Service	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA and WY		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Through the Housing Preservation Forgivable Loan Project, RCAC will make forgivable loans to affordable housing developers for housing preservation project feasibility studies.	
13. PROPOSED PROJECT Start Date: July 1, 2004 Ending Date: July 1, 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California District 1 b. Project 13 Western states listed in #12	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 200,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/2/04	
b. Applicant	\$ 101,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 301,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		Middle Name	
Prefix	First Name William	Suffix	
Last Name French		c. Telephone Number (give area code) 916/447-2854	
b. Title Chief Executive Officer		e. Date Signed 4/2/04	
d. Signature of Authorized Representative <i>William French</i>			

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3-30-2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Proteus, Inc.			Organizational Unit: Department: N/A		
Organizational DUNS: 145727889			Division: N/A		
Address: Street: 1830 N. Dinuba Blvd.			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs.		
City: Visalia			First Name: Shawna		
County: Tulare			Middle Name M.		
State: California			Last Name Goodwin		
Zip Code 93291			Suffix: N/A		
Country: United States			Email: Shawna@proteusinc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 94-2184330 </div>			Phone Number (give area code) (559) 733-5423 ext. 260		Fax Number (give area code) (559) 738-1137
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> O Other (specify)		
Other (specify) N/A			9. NAME OF FEDERAL AGENCY: USDA Rural Development Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10-769 </div>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Proteus, Inc. is proposing to provide a Basic Culinary Class in Dinuba, California. Through class instruction and "hands on" experience, students will acquire necessary skills and knowledge preparing for a career in this high-demanding field.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tulare County- Dinuba, California					
13. PROPOSED PROJECT Start Date: 7/1/2004			Ending Date: 6/30/2005		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 50,000.00			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$ 98,103.00			DATE: 3/10/2004		
c. State \$.00			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$.00			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$.00			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 148,103.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mrs.		First Name Armie		Middle Name	
Last Name Tolentino		Suffix			
b. Title Controller		c. Telephone Number (give area code) (559) 733-5423 ext. 260			
d. Signature of Authorized Representative		e. Date Signed 3/30/2004			

Standard Form 424

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: Antelope Valley Transit Authority		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier: CA-90-239-01	
Address (give city, county, State, and zip code): 1031 West Ave. L-12 Lancaster, CA 93534		Organizational Unit:		Name and telephone number of person to be contacted on matters involving this application (give area code): Ron Cunningham 661-726-2616 Ext. 209	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4377119		7. TYPE OF APPLICANT (enter appropriate letter in box) [G]		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: U.S. Department of Transportation Federal Transit Administration		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Federal Transit--Formula 20-507 Grants (Urban Area Formula Program)	
11. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Antelope Valley portion of northern Los Angeles County, California		12. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Capital assistance for the purchase of 11 replacement commuter coaches, the purchase of two expansion commuter coaches, and additional funding for the construction of Maint & Ops facility.		13. PROPOSED PROJECT Start Date: 2-02 Ending Date: 9-04 a. Applicant: 25 b. Project: 25	
14. CONGRESSIONAL DISTRICTS OF:		15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 5,519,493		b. Applicant \$		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
c. State \$		d. Local \$ 1,379,874		DATE	
e. Other \$		f. Program Income \$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
g. TOTAL \$ 6,899,367		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Ronald D. Cunningham		b. Title Finance Manager		c. Telephone Number 661-726-2616 Ext 209	
d. Signature of Authorized Representative Ronald D. Cunningham		e. Date Signed 4-2-04			

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550

Check here if
Revised Form

For PTFP
Use

APPLICATION PART I

1. APPLICANT

Legal Name Los Angeles Unified School District

Organizational
Unit KLCS

Mailing Address
(line 1) 1061 W. Temple St.

Address (line 2
if required)

City Los Angeles

State CA

County Los Angeles

Zip 90012-1590

2. Employer
ID # (EIN) 95-6001908

3. DUNS # 08-389-5623

Main
Station
Call
Letters

KLCS TV 58

Radio MHz TV Channel

4. Administrative Contact

E-mail jpg@klcs.org

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Dr. Janalyn

W

Glymph

General Manager

Phone # (213) 241-4073

Fax # (213) 481-1019

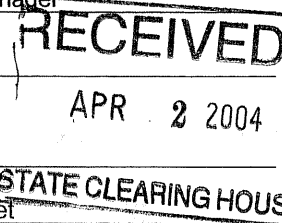
5. Engineering Contact

Full Name Mr. Alan Popkin

Engineer
Phone (213) 241-4029

Title Director of Engineering and Television Operations

E-mail alan.popkin@lausd.net



PROJECT INFORMATION

6a. Enter "Y" if
Reactivation N

6b. Old
File #

7. Enter "Y" if new
FCC authorizations N
are required

8. Enter the
Priority or
Category
under which
you request
the application
be reviewed

9. Enter letter(s) to classify project

(P)lanning or C
(C)onstruction

(R)adio or (T)V
or (RT) for both T

(B)roadcast or (N)onbroadcast B
or (BN) for both

10. Length of
Project (# of
months) 12

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the
appropriate column

	NEW BROADCAST facility; repeater, translator.	REPLACE or augment BROADCAST EQUIPMENT	DIGITAL conversion of public radio or TV station	NONBROADCAST activation or expansion
Population Currently Served by station			16,689,591	
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others				

Broadcast Other

12. Single
Congressional
District of
Applicant

34

13. Other Cong. districts served by
project (e.g. PA 1-3, NY 4, 5-9)

CA 25, 27-28, 30-39, 46

14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 124,000

b. Applicant Share \$ 186,000

c. TOTAL \$ 310,000

d. Fed. % of eligible costs 40.00 %

15. Is application subject to review by Executive Order 12372?

☒ YES This application was made available to the
State EO 12372 process for review on
03/31/2004

☐ NO Program is not covered by EO 12372
or Program has not been selected by
State for review

16. Is applicant delinquent on
any Federal Debt?

NO
Enter YES or NO
if YES, attach explanation.

17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (213) 241-6389

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. Jose

Huizar

President, Board of Education

Signature of authorized
representative

Date
signed

March 30, 2004

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anntsaio

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: City of Lindsay			Organizational Unit: Department: n/a		
Organizational DUNS:			Division:		
Address: Street: 251 E. Honolulu			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Lindsay			Prefix: Mr.		
County: Tulare			First Name: Scot		
State: CA			Middle Name: B.		
Zip Code: 93247			Last Name		
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000357			Email: scotttownsend@lindsay.ca.us		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lindsay, Tulare County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lindsay Wellness Center		
13. PROPOSED PROJECT Start Date: January 2005 Ending Date: June 2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal U.S.D.A. \$ 7,870,000			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2/6/04		
b. Applicant \$			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local City of Lindsay/Hospital Dis \$ 1,220,000			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other R.C.A.C. \$ 1,000,000			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$					
g. TOTAL \$ 10,090,000					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Scot		Middle Name B.	
Last Name Townsend				Suffix	
b. Title City Manager				c. Telephone Number (give area code) 559-562-7103	
d. Signature of Authorized Representative				e. Date Signed 1/30/04	

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/29/2004	Applicant Identifier														
		3. DATE RECEIVED BY STATE	State Application Identifier														
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier														
5. APPLICANT INFORMATION																	
Legal Name: The Business Resource Group, Inc.		Organizational Unit: Department:															
Organizational DUNS: 08-804-4305		Division:															
Address: Street: 11075 Santa Monica Blvd., Ste. 175		Name and telephone number of person to be contacted on matters involving this application (give area code)															
City: Los Angeles		Prefix:	First Name: Sharon														
County: Los Angeles		Middle Name Denise															
State: CA		Last Name Evans															
Zip Code 90025		Suffix:															
Country: U.S.A.		Email: sevans@bizresourcegroup.com															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 - 4 8 4 5 4 0 0 </div>		Phone Number (give area code) 310-575-3309	Fax Number (give area code) 310-575-1121														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Non-profit Organization Other (specify)															
Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 - 7 6 9 </div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Financial Assistance & Capacity Enhancement and Mobile Business Assistance Program.															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Kern Co., Tulare Co., Fresno Co.																	
13. PROPOSED PROJECT Start Date: 5/1/2004		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19,20,22															
Ending Date: 4/30/2005		b. Project 18,19,20,21,22															
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 96,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$ APR 2 2004 .00</td> </tr> <tr> <td>d. Local</td> <td>\$ 20,000.00</td> </tr> <tr> <td>e. Other Federal Costshare</td> <td>31,000.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 147,000.00</td> </tr> </table>		a. Federal	\$ 96,000.00	b. Applicant	.00	c. State	\$ APR 2 2004 .00	d. Local	\$ 20,000.00	e. Other Federal Costshare	31,000.00	f. Program Income	\$.00	g. TOTAL	\$ 147,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 96,000.00																
b. Applicant	.00																
c. State	\$ APR 2 2004 .00																
d. Local	\$ 20,000.00																
e. Other Federal Costshare	31,000.00																
f. Program Income	\$.00																
g. TOTAL	\$ 147,000.00																
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Authorized Representative																	
Prefix Ms.	First Name Sharon	Middle Name Denise															
Last Name Evans		Suffix															
b. Title President/CEO		c. Telephone Number (give area code) 310-575-3309, x-206															
d. Signature of Authorized Representative		e. Date Signed 3/29/2004															

APPLICATION
FOR PTFP FUNDSOMB Approval
0660-0003

APPLICATION PART I

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550Check here if
Revised FormFor PTFP
Use

1. APPLICANT

Legal Name Pataphysical Broadcasting Foundation, Inc.Organizational
Unit KUSPMailing Address
(line 1) 203 8th Ave.Address (line 2
if required)City Santa CruzState CACounty Santa CruzZip 95062-4610

4. Administrative Contact

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr.

Terry

W

Green

General Manager

Phone # (831) 476-2800Fax # (831) 476-2802

5. Engineering Contact

Full Name Mr. Terry W. GreenEngineer
Phone (831) 476-2800Title General ManagerE-mail terryg@kusp.org

PROJECT INFORMATION

6a. Enter "Y" if
Reactivation N6b. Old
File #7. Enter "Y" if new
FCC authorizations Y
are required8. Enter the
Priority or
Category
under which
you request
the application
be reviewed

9. Enter letter(s) to classify project

(P)lanning or
(C)onstruction C(R)adio or (T)V
or (RT) for both R(B)roadcast or (N)onbroadcast
or (BN) for both B10. Length of
Project (# of
months) 12

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the
appropriate columnNEW BROADCAST
facility; repeater,
translator.REPLACE or
augment BROADCAST
EQUIPMENTDIGITAL
conversion of public radio
or TV stationNONBROADCAST
activation or expansion212. Single
Congressional
District of
Applicant1713. Other Cong. districts served by
project (e.g. PA 1-3, NY 4, 5-9)CA-14, CA-15, CA-17,
CA-22, CA-23

Population Currently Served by station	NEW BROADCAST facility; repeater, translator.	REPLACE or augment BROADCAST EQUIPMENT	DIGITAL conversion of public radio or TV station	NONBROADCAST activation or expansion
		760,000		
First Service added by NEW proposed facility		0		
ADDED SERVICE to those covered by others		0		

14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 70,590

b. Applicant Share \$ 23,535

c. TOTAL \$ 94,125

d. Fed. % of eligible costs 75.00 %

15. Is application subject to review by Executive Order 12372?

☒ YESThis application was made available to the
State EO 12372 process for review on
03/30/2004☐ NOProgram is not covered by EO 12372
or Program has not been selected by
State for review16. Is applicant delinquent on
any Federal Debt?

NO

Enter YES or NO
If YES, attach explanation.

17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

To the best of my knowledge and belief, all data in this application are true and correct.
Phone # (831) 476-2800

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Ms.

Katie

M.

Olsen

President

Signature of authorized
representativeKatie M OlsenDate
signedMarch 26, 2004

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kusp

1

This form expires 10/31/2006 Previous Editions NOT usable

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550

OMB Approval
0660-0003

18. Summary of application (Summarize the purposes of the application in a few sentences.)

KUSP seeks to replace unreliable and obsolete microwave studio-transmitter links interconnecting the main studio in Santa Cruz with its main and repeater transmitters. It also seeks to replace an obsolete digital audio storage system with a system that will correctly interface with the Public Radio Satellite System Content Depot.

19. Types of Applicant (Enter appropriate letter in box)

- A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School District
I. State Controlled Institute of Higher learning
J. Private University
K. Indian Tribe
L. Individual (NOTE: Not eligible for PTFP funding)
M. Non-profit
O. Other (specify)

M

20. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	6	40	7	40
Part-Time Staff	5	20	5	20
Volunteers	115	4	115	4
Operating Budget	\$ 955,000		\$ 976,000	

21. Public Broadcasting Affiliations

Enter "Y" if applicant is currently CPB qualified

Y

If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

Date of expected qualification

Check if nonbroadcast application and therefore Q. 21 Not Applicable

Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year		Y				
Next year		Y				

22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased
Salinas, CA	948.5	new	Mt. Toro		X
Soledad, CA	945.5	WPTF367	Palo Escrito		X

23. Yes (No)
(circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project?
Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
Pacific Grove, CA	KAZU
City	Call Letters
Salinas, CA	KHDC
City	Call Letters
San Luis Obispo, CA	KCBX

25. Areas affected by this Project (Cities, Counties, States, Etc.)

Santa Cruz, Monterey, San Benito, northern San Luis Obispo, southern Santa Clara counties, California

REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

SEE ATTACHED

Org Name: MENDOCINO COMMUNITY HEA UDS Number: 091940

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 2/26/2004	Applicant Identifier														
3. DATE RECEIVED BY STATE		State Application Identifier															
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 6 H80CS00628-02-02 6 H80CS00628-02-02															
5. APPLICANT INFORMATION																	
Legal Name: MENDOCINO COMMUNITY HEALTH CLINIC, INC.		Organizational Unit:															
Address (give city, county, state, and zip code) 333 LAWS AVENUE UKIAH, CA 95482 Mendocino		Name and telephone number of the person to be contacted on matters involving this application (give area code) Linnea Hunter 707.472.4511															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1680259045A1		7. TYPE OF APPLICANT (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist.. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Private Non-Profit															
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: HHS, BPHC															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1"> <tr><td></td><td>Migrant Health Centers</td></tr> <tr><td></td><td>Community Health Centers</td></tr> </table>			Migrant Health Centers		Community Health Centers	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community Health Center Budget Period Renewal Application / Non Construction											
	Migrant Health Centers																
	Community Health Centers																
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Mendocino and Lake County, California																	
13. PROPOSED PROJECT: <table border="1"> <tr> <th>Start Date</th> <th>Ending Date</th> </tr> <tr> <td>07/01/2003</td> <td>06/30/2008</td> </tr> </table>		Start Date	Ending Date	07/01/2003	06/30/2008	14. CONGRESSIONAL DISTRICTS OF <table border="1"> <tr> <th>a. Applicant</th> <th>b. Project</th> </tr> <tr> <td>1</td> <td>1</td> </tr> </table>		a. Applicant	b. Project	1	1						
Start Date	Ending Date																
07/01/2003	06/30/2008																
a. Applicant	b. Project																
1	1																
15. ESTIMATED FUNDING: <table border="1"> <tr><td>a. Federal</td><td>1,342,657.00</td></tr> <tr><td>b. Applicant</td><td>0.00</td></tr> <tr><td>c. State</td><td>258,319.00</td></tr> <tr><td>d. Local</td><td>0.00</td></tr> <tr><td>e. Other</td><td>488,313.00</td></tr> <tr><td>f. Program Income</td><td>16,008,503.00</td></tr> <tr><td>g. TOTAL</td><td>18,097,792.00</td></tr> </table>		a. Federal	1,342,657.00	b. Applicant	0.00	c. State	258,319.00	d. Local	0.00	e. Other	488,313.00	f. Program Income	16,008,503.00	g. TOTAL	18,097,792.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 02/27/2004 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
a. Federal	1,342,657.00																
b. Applicant	0.00																
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g. TOTAL	18,097,792.00																
17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No																	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Typed Name of Authorized Representative Linnea Hunter		b. Title CEO															
c. Telephone Number 707.472.4511		d. Signature of Authorized Representative Electronically Signed by: Linnea Hunter															
e. Date Signed 2/26/2004																	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier
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5. APPLICANT INFORMATION

Legal Name: Lamont Public Utility District		Organizational Unit: Department:																													
Organizational DUNS: 08-540-1461		Division:																													
Address: Street: 8624 Segreue Road		Name and telephone number of person to be contacted on matters involving this application (give area code) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Prefix:</td> <td style="width:30%;">Mr.</td> <td style="width:30%;">First Name:</td> <td style="width:10%;">David</td> </tr> <tr> <td colspan="2">Middle Name</td> <td colspan="2">Alan</td> </tr> <tr> <td colspan="2">Last Name</td> <td colspan="2">Warner</td> </tr> <tr> <td colspan="4">Suffix:</td> </tr> </table>		Prefix:	Mr.	First Name:	David	Middle Name		Alan		Last Name		Warner		Suffix:															
Prefix:	Mr.	First Name:	David																												
Middle Name		Alan																													
Last Name		Warner																													
Suffix:																															
City: Lamont	Email: davidw@selfhelpenterprises.org																														
County: Kern	Phone Number (give area code) (559) 651-1000, ext 682																														
State: California	Zip Code 93241	Fax Number (give area code) (559) 651-3634																													
Country: United States of America		6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 95-6004714 </div>																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10-760 </div>		9. NAME OF FEDERAL AGENCY: USDA/Rural Development																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lamont PUD Service area, Kern County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lamont PUD Wastewater Treatment & Storage Project Design & construction of wastewater treatment & storage ponds, a pump station and related improvements.																													
13. PROPOSED PROJECT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> Start Date: June 1, 2004 </td> <td style="width:50%;"> Ending Date: August 31, 2004 </td> </tr> </table>		Start Date: June 1, 2004	Ending Date: August 31, 2004	14. CONGRESSIONAL DISTRICTS OF: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> a. Applicant 20th </td> <td style="width:50%;"> b. Project 20th </td> </tr> </table>		a. Applicant 20th	b. Project 20th																								
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a. Authorized Representative		
Prefix Mr.	First Name Gilbert	Middle Name
Last Name Alaniz		Suffix
b. Title President, Lamont Public Utility District		c. Telephone Number (give area code) (661) 845-1213
d. Signature of Authorized Representative <i>Gilbert Alaniz</i>		e. Date Signed 3/29/04

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Standard Form
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Date +
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